

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
HAMILTON COUNTY (South) DIVISION

FILED
RICHARD W. NAGEL
CLERK OF COURT

21 FEB 19 PM 12:42

U.S. DISTRICT COURT
SOUTHERN DIST OHIO
WEST DIV CINCINNATI

MR. DERRICK GIBBS

(Enter Above the Name of the Plaintiff in this Action)

VS.

HAMILTON COUNTY SHERIFF DEPARTMENT

(Enter above the name of the Defendant in this Action)

If there are additional Defendants, please list them:

OFFICER SHERIFF CRAWFORD

OFFICER SHERIFF SERGEANT ELLIOTT

OFFICER SHERIFF THOMPSON

NURSE ARIANNA (WHO DREW BLOOD) COUNTY JAIL.

COMPLAINT

I. Parties to the action:

Plaintiff: Place your name and address on the lines below. The address you give must be the address where the court may contact you and mail documents to you. A telephone number is required.

MR. DERRICK GIBBS #775-115. T.P.U. B-UNIT, CELL #45.

Name - Full Name Please - PRINT

L.O.C.I. P.O. Box #69, 1580 STATE ROUTE #56

Street Address

LONDON, OHIO 43140-0000

City, State and Zip Code

(740) 852-2454

Telephone Number

If there are additional Plaintiffs in this suit, a separate piece of paper should be attached immediately behind this page with their full names, addresses and telephone numbers. If there are no other Plaintiffs, continue with this form.

Defendant(s):

Place the name and address of each Defendant you listed in the caption on the first page of this Complaint. This form is invalid unless each Defendant appears with full address for proper service.

1. HAMILTON COUNTY SHERIFF DEPARTMENT
Name - Full Name Please
1000 SYCAMORE ST. CINCINNATI, OHIO 45202
Address: Street, City, State and Zip Code
2. OFFICER SHERIFF CRAWFORD.
1000 SYCAMORE ST. CINCINNATI, OHIO 45202
3. OFFICER SHERIFF SERGEANT ELLIOTT
1000 SYCAMORE ST. CINCINNATI, OHIO 45202
4. OFFICER SHERIFF THOMPSON
1000 SYCAMORE ST. CINCINNATI, OHIO 45202
5. (NURSE) MS. ARIANNA (WHO DREW BLOOD) AT COUNTY JAIL
1000 SYCAMORE ST. CINCINNATI, OHIO 45202
6. _____

If there are additional Defendants, please list their names and addresses on a separate sheet of paper.

II. Subject Matter Jurisdiction

Check the box or boxes that describes your lawsuit:

- ☒ Title 28 U.S.C. § 1343(3)
[A civil rights lawsuit alleging that Defendant(s) acting under color of State law, deprived you of a right secured by federal law or the Constitution.]
- ☐ Title 28 U.S.C. § 1331
[A lawsuit "arising under the Constitution, laws, or treaties of the United States."]
- ☐ Title 28 U.S.C. § 1332(a)(1)
[A lawsuit between citizens of different states where the matter in controversy exceeds \$75,000.]
- ☐ Title _____ United States Code, Section _____
[Other federal status giving the court subject matter jurisdiction.]

III. Statement of Claim

Please write as briefly as possible the facts of your case. Describe how each Defendant is involved. Include the name of all persons involved, give dates and places.

Number each claim separately. Use as much space as you need. You are not limited to the papers we give you. Attach extra sheets that deal with your statement claim immediately behind this piece of paper.

ON DATE 12-28-19, MR. DERRICK GIBBS WAS LOCATED IN HAMILTON COUNTY JAIL, WAITING FOR A CALL WITH MR. R. BATES INMATE; HAVING A CONVERSATION, WHEN OFFICER CRAWFORD YELLED (SHUT THE FUCK) UP! AT GIBBS, GIBBS YELLED BACK AT THE OFFICER, WHO IS YOU TALKING TOO LIKE THAT. THAT'S, WHEN OFFICER CRAWFORD CAME UP THE STAIRS AND TOLD GIBBS GO BACK TO HIS CELL. AS GIBBS TURNED TO GO BACK UP THE STAIRS, OFFICER CRAWFORD PUSHED GIBBS CAUSING ME TO FALL SPILLING COFFEE; AS REGAINING FROM FALL + TURN, THAT'S, WHEN GIBBS + CRAWFORD (PUNCHING SEVERAL TIMES) STARTED FIGHTING ON STAIR-CASE AT THE TOP. BOTH OF US HAD FALLING DOWN TO BASE FLOOR HITTING CONCRETE. INJURED AFTER FALL GIBBS SHOULDER, WHO LAYED ON FLOOR WITH HIS STOMACH + FACE DOWN. WHILE, OFFICER CRAWFORD JUMP-UP STILL PUNCHING GIBBS IN HIS HEAD (6 OR 7) MORE TIMES; THEN OFFICER CRAWFORD HAND-BUFFED GIBBS BEHIND HIS BACK. THAT'S, WHEN OTHER OFFICER'S ENTER UNIT Pod SOUTH 52-C-POD; ALONG WITH SERGEANT ELLIOTT, 2 OR 3 MINUTES WENT BY, THAT'S WHEN SERGEANT ELLIOTT SHOT GIBBS IN THE BACK WHILE LAYING ON FLOOR FACE DOWN NOT-RESISTING WHATSOEVER. THEN SPOKEN BY ELLIOTT TAKE GIBBS TO INFIRMARY (MEDICAL)... ONCE THERE MR. GIBBS ASKED NURSE FOR OUT-SIDE HOSPITAL ATTENTION, SHE PERSONALLY SAID NO. (REPLIED NO) SHE (NURSE) COULDN'T REMOVE TASER-PROBES, (ON LEGAL PAPER TO COMPLETE STATEMENT)

IV. Previous lawsuits:

If you have been a Plaintiff in a lawsuit, for each lawsuit state the case number and caption.
(Example, Case Number: 2:08-cv-728 and Caption: John Smith vs. Jane Doe).

Case NumberCaption

_____	<u>No</u>	vs. _____
_____	<u>No</u>	vs. _____
_____	<u>No</u>	vs. _____

V. Relief

In this section please state (write) briefly exactly what you want the court to do for you. Make no legal argument, cite no case or statutes.

FOR ALL SUFFERING & DAMAGES & PAIN ON INVOLVEMENT OF CLAIM SETTLEMENT: 4.5 MILLION-DOLLARS, PLUS, RELEASE FROM PRISON (6 MONTHS) SENTENCE LEFT TO GO. ALSO, JUDGE MEGAN SHANAHAN KNEW ABOUT THIS INVOLVEMENT, SHE SHOULD'VE DONE SOME KIND OF HELP OR SUPPORT.

OFFICER SHERIFF NEED TO BE REMOVED OR FIRED FROM HIS JOB AS SHERIFF & SERGEANT ELLIOTT.

→ THERE ARE PICTURES TAKEN BY SHERIFF IN MEDICAL INFIRMARY, BY OFFICER WITH A 35 MILLER-METER CAMERA; ALSO, VIDEO'S CAMERA IN POL UNIT.

I state under penalty of perjury that the foregoing is true and correct. Executed on

this 3 day of FEBRUARY, 2021.

MR. Derrick Gibbs #775-115
Signature of Plaintiff

YES PHOTOS WERE TAKEN WITH (5) MILLIMETER CAMERA
 I'VE FORGOT TO MENTION (THERE ARE FOUR) PEOPLE AT MEDICAL OFFICER THOMPSON (SERGEANT ENSOLL) (CAMERA - IN HAND) (OFFICER HARRIS)

(PART #2) FROM LEGAL STATEMENT. (CONTINUE.)

THAT'S, WHEN SERGEANT ELLIOTT TOOK CONTROL WITH HIS HANDS AND PULLED ELECTRIC PROBES FROM MR. GIBBS BACK, THEN NURSE PLACED A BIG BAND-AID ON GIBBS LEFT SIDE OF LOWER BACK. THEN TOOK GIBBS TO SEGREGATION UNIT, FOR (8 TO 9 DAYS) WHILE, IN SEGREGATION UNIT GIBBS WROTE - UP INCIDENT BY INFORMAL COMPLAINT. BY THE (5) FIFTH-DAY NO-REPLY, THAT'S WHEN ON DATE 1-3-20. THEN, OFFICER CAME IN ON 8TH OR 9TH DAY AND TO MR. GIBBS TO PACK-UP; MR. GIBBS YOU'RE GOING BACK TO POPULATION-UNIT, THERE IS NO TICKET REPORT ON YOU. (FROM A INTERCOM OFFICER) NEXT'S DAY. SHERIFF OFFICER AND TWO OTHER REGULARLY OFFICER SAID: OFFICER SERGEANT FRANKLIN, WE NEED THIS CELL, MR. GIBBS SAID HE REFUSE TO MOVE, THEY SAID THERE TAKE IT BY FORCE IF NEED TO BE, THAT'S WHEN MR. GIBBS WENT TO (SOUTH UNIT 42-A UNIT, CELL # 2.) WITH OFFICER SHERIFF RISK & OFFICER SHERIFF CORNILLIS RUNNING THE FLOOR. ON THE DATE OF 1-9-20, EXPLAIN TO MY ATTORNEY (PUBLIC DEFENDER) JAMES, Y MOORE ABOUT THE FIGHT WITH SHERIFF & BEING TASER, AND SHOWED MY INJURY SHOULDER, SAID WHEN WE GO FOR HEARING SENTENCE I'LL ASK IF HAND-CUFFS COULD BE PLACED IN FRONT OF YOU. 1-12-20, HE ASKED BAILIFF TO REMOVE HAND-CUFFS, THAT'S WHEN HE ASKED GUDGE MEGAN SHANAHAN; SHE SAID YES.

ON DATE 1-14-20. MR. GIBBS HAD RISSED (URINATED BLOOD) THAT NIGHT WAS IN SERIOUS PAIN THAT MORNING & TOLD (OFFICER - RISK) TO CALL MEDICAL. INFORMAL. TOOK BLOOD
 NEXT'S PAGE

(PART #3) FOR LEGAL STATEMENT

WHERE (NURSE) ARIANNA, EXPLAIN TO MR. GIBBS, HE HAD TO URINATE IN A PLASTIC CUP, SO THEY CAN BE ABLE TO SEND TOO A HOSPITAL. AFTER THAT RESOLVED NOTHING, TOLD MR. GIBBS, GOING BACK TO HIS POPULATION-UNIT, THEN THE DOCTOR WILL SEE YOU.

ON THIS DATE 1-14-20, MR GIBBS WROTE ANOTHER INFORMAL - COMPLAINT, STILL, WASNT ANSWERED. ALSO, WROTE TO INTERNAL-AFFAIRS ABOUT THIS ALTERCATION WITH OFFICER CRAWFORD + BEING TASER BY SERGEANT.

By 1-20-20 SEEN BY DOCTOR EVERSTON, DIDNT KNOW ABOUT URINATED BLOOD + ASK FOR E.K.G. TO BE DONE ON GIBBS. By THE 1-27-20 SCHEDULED TO ~~BEEN~~ BE SEEN AT UNIVERSITY GENERAL HOSPITAL, ONLY THING WAS ACKNOWLEDGE WAS MY SHOULDER.

IT WAS A FEMALE WHO WAS WATCHING ME, UNTIL I/GIBBS WAS RELEASED, FROM (ER) EMERGENCY ROOM. SHE LEAD ME/GIBBS TO ANOTHER AREA WHERE OFFICER SHERIFF CRAWFORD, THEN ESCORTED ME/GIBBS TO AWAITING VAN TO GO BACK TO COUNTY JAIL. IT WAS THEN OFFICER SHERIFF WAS GETTING OFF WORK, AND GOT OUT OF THE VAN AT THE CASINO PARKING ~~GARAGE~~ GARAGE, I/GIBBS EXPLAIN TO THE OFFICER WHO WAS DRIVING THAT'S WHY I WENT TO THE HOSPITAL (NEXT IS - PAGE)

PART → Page #4) LAST STATEMENT

OFFICER SHERIFF SAID (AH - SHIT) DIDN'T KNOW ABOUT ME/ AND SHERIFF CRAWFORD.

ONCE BACK AT COUNTY JAIL, THAT MORNING OF 1-28-20. MR. GIBBS HAD PISSED (URINATED BLOOD) AGAIN FROM HIS PENIS AND MY UNDERWEAR WAS ALL BLOODY, SHOW SHERIFF CORNELIUS A EXSCORTED BACK TO INFIRMARY (JAIL-HOSPITAL) DID THE SAME THING AGIN - PISSED IN A CUP & DREW BLOOD FROM MY ARM. (SAME NURSE) ARIANNA. LEAD BACK TO MY CELL-LOCATION UNIT.

THIS TIME, SOON AS ARRIVED; OFFICER SHERIFF RUSK, SAID SERGEANT WANTED TO SEE ME.

ABOUT INFORMAL COMPLAINT. MR. GIBBS GOT TO HIS OFFICE, WHERE ANOTHER SERGEANT BLACK FEMALE WAS THERE TOO. SERGEANT ELLIOTT; STATED, I'M THE ONE WHO SHOT-YOU, AND THERE IS NO NEED OF ~~THE~~ FURTHER INVESTIGATION. SIGNED THIS PAPER, MR. GIBBS SAID: HELL-NO, AND LEFT HIS OFFICE.

THAT'S WHEN A DOCTOR FROM A CLINIC FOR GUDGE MEGAN SHANAHAN, CAME TO SEE ME, I SHOWED HE MY BLOODY UNDERWEAR.

(END OF STATEMENT

ROCK OUT TO PRISON

2 YRS SENTENCE -
TIME 6 MONTHS LEFT
TO DO. —

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

MR. DERRICK GIBBS
#775-115

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

HAMILTON COUNTY

(c) Attorneys (Firm Name, Address, and Telephone Number)

NONE

DEFENDANTS

HAMILTON COUNTY SHERIFF DEPT.

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

HAMILTON COUNTY

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

DON'T KNOW

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|-------------------------------------|--------------------------|---|-------------------------------------|-------------------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1 Incorporated or Principal Place of Business in This State | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Citizen of Another State | <input type="checkbox"/> | <input type="checkbox"/> | 2 Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> | <input type="checkbox"/> | 3 Foreign Nation | <input type="checkbox"/> | <input type="checkbox"/> |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input checked="" type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability LABOR <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input checked="" type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

CIVIL RIGHTS COMPLAINT UNDER 42 USC § 1983

Brief description of cause:

EXCESSIVE USE OF FORCE & TASER

VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$ 2.5 MILLION
(SETTLEMENT) DOLLARS

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**Authority For Civil Cover Sheet**

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.
 Original Proceedings. (1) Cases which originate in the United States district courts.
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
 Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket. **PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	MR DERRICK GIBBS		COURT CASE NUMBER
DEFENDANT	HAMILTON COUNTY SHERIFF DEPT.		TYPE OF PROCESS
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN OFFICER SHERIFF CRAWFORD		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1000 SYCAMORE, ST. CINCINNATI, OHIO 45202		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	2
HAMILTON COUNTY SHERIFF DEPT. OFFICER SHERIFF CRAWFORD 1000 SYCAMORE, ST. CINCINNATI, OHIO 45202		Number of parties to be served in this case	2
		Check for service on U.S.A.	YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT <input type="checkbox"/>	TELEPHONE NUMBER	DATE
PRISON (LOCI) RANDON, OHIO 43140-0000 MR. DERRICK GIBBS		(740) 852-2454	2-3-21

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PREPARED BY:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

MR. DERRICK GIBBS

Plaintiff(s)

v.

Civil Action No. 1:21-CV-00075-MRB-SKB

HAMILTON COUNTY SHERIFF DEPARTMENT

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) MR DERRICK GIBBS
 was received by me on (date) 2-1-21.

☒ I personally served the summons on the individual at (place) OFFICE SHERIFF CRANFORD
2-3-21 HAMILTON COUNTY SHERIFF DEPT on (date) FEB 3-2021; or

☒ I left the summons at the individual's residence or usual place of abode with (name) HAMILTON
COUNTY JUSTICES CENTER, a person of suitable age and discretion who resides there,
 on (date) 2-1-21, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) OFFICER SHERIFF CRANFORD, who is
 designated by law to accept service of process on behalf of (name of organization) HAMILTON COUNTY
JUSTICES CENTER JAIL on (date) 2-12-21; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

MR DERRICK GIBBS
 Server's signature

MR DERRICK GIBBS
 Printed name and title

LOCT
P.O. Box #69, 1580 S. ST #66 KANDLER, OH
 Server's address
43146-0000

Additional information regarding attempted service, etc:

FILE A: DECLARATION:
JONES VS BOCK
PART(G)

MR. DERRICK GIBBS #775-115, T.P.U. UNIT-B, CELL #45.

L.O.C.I., P.O. Box #69

1580 STATE ROUTE #56

LONDON, OHIO

43140-0000

INMATE
CORRESPONDENCE



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